

Docket No. 1481/65021/JPW/JRM**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Applicant(s): Michael J. Elliott et al.Serial No. : 08/602,272 Examiner: Canella, Karen A.Filed : February 16, 1996 Group Art Unit: 1643For : METHODS OF PREVENTING OR TREATING THROMBOSIS WITH TUMOR
NECROSIS FACTOR ANTAGONISTSMail Stop RCE
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450Date: November 6, 2008

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	10 -	* 50 =	*** 0 X	\$26	\$52	=		0.00
Indepen- dent Claims	1 -	** 4 =	*** 0 X	\$110	\$220	=		0.00
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				\$195	\$390	=		0.00
				TOTAL ADDITIONAL FEE			\$	0.00

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Serial No. : 08/602,272

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Amendment Transmittal Letter

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The following are also enclosed:

 One additional copy of this Amendment Transmittal Letter

 X Return Receipt Postcard

 An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes No

and a fee of \$ included)

 X A Petition for an Extension of Time, including a fee of
\$ 620.00 for a Petition for a further One-Month Extension of Time

 X Other (identify): Request for Continued Examination (RCE) Transmittal form

THE TOTAL FEE DUE IS \$ 1,430.00.

 X A check in the amount of \$ 1,430.00 is enclosed.

 Please charge Deposit Account No. in the amount of
\$.

 X The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

 X Fees under 37 C.F.R. §1.16 for the presentation of extra claims

 X Patent application processing fees under 37 C.F.R. §1.17

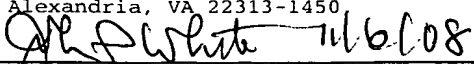
Respectfully submitted,



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I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
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P.O. Box 1450
Alexandria, VA 22313-1450


John P. White
Reg. No. 28,678

Date